

Home and Community Based Services Program Transition Frequently Asked Questions

What are Home and Community-Based Services Waiver Programs?

The Michigan Medicaid program offers services and supports to improve the health and well-being of Michigan residents. The Social Security Act defines the requirements for using Medicaid funding to provide these services. Some parts of the Social Security Act allow states to “waive” certain federal regulatory requirements based upon the unique needs of each state. The Michigan Medicaid program has created several “waiver” programs to provide services to Michigan residents who have aging-related needs, disabilities, or other health issues. Individuals in these programs can receive services in their own homes and/or communities rather than in an institutional setting.

What is the Home and Community-Based Services Program Transition project?

The federal government has issued a new rule for Medicaid waiver programs that offer home and community-based services. The goal of the new rule is to ensure that individuals who receive home and community-based services through these waivers are a part of the community and have access to the same set of community options as people who do not receive services through these waivers.

The Michigan Department of Health and Human Services is working to align these programs with the new federal rule. As part of this process, the Michigan Department of Health and Human Services developed a statewide transition plan to bring settings related to these waivers into compliance with the new rule.

What programs are affected by the new rule?

The final rule applies to waiver programs authorized under the 1915 (c) section of the Social Security Act. The Michigan Department of Health and Human Services currently operates the following four programs through 1915 (c) waivers:

- Children’s Waiver Program
- Waiver for Children with Serious Emotional Disturbances
- MI Choice Program
- Habilitation Supports Waiver
- MI Health Link HCBS Waiver

When do settings funded through current waiver programs have to be in compliance with this rule? Can non-compliant settings continue to offer services to individuals up until the compliance date?

According to Michigan’s Statewide Transition Plan, all settings under current 1915 (c) waivers (except the MI Health Link HCBS waiver) must be compliant with the rule by September 30, 2018. The Michigan Department of Health and Human Services will continue reimbursement for services in non-compliant settings in current waiver programs until September 30, 2018.

Settings under the Children’s Waiver Program and Waiver for Children with Serious Emotional Disturbances are presumed compliant with the final rule.

Individuals who are enrolled in the MI Health Link Demonstration can receive waiver services through the MI Health Link HCBS Waiver or the Habilitation Supports Waiver. If an individual receives services through the MI Health Link HCBS Waiver, settings where the individual lives and/or receives MI Health Link HCBS Waiver services

must be immediately compliant with the rule. If an individual is enrolled in MI Health Link Demonstration but is receiving services through the Habilitation Supports Waiver, all settings where the individual lives and/or receives Habilitation Supports Waiver services must be compliant with the rule by September 30, 2018.

If a provider needs to make modifications to a setting to address the specific needs of an individual, can the provider make these changes and still be in compliance with the rule?

Yes, a provider can make modifications or adjustments to a setting to address the specific needs of individuals. Any modifications that place additional restrictions on an individual must be supported by an assessed need rather than the setting's requirements. The provider must document the reasons for the modification in the individual's person-centered plan or service plan. The documentation of the modification must meet all requirements as outlined in the final rule.

How will the Department assess settings for compliance with the new rule?

As part of the transition process, the Department must determine whether settings under these waivers have "home and community-based" characteristics. For this purpose, the Department is developing a set of "survey tools" to assess individual settings for home and community-based characteristics. The following waiver programs will use the survey tools as outlined below:

Waiver Program	Survey Tool(s)	Waiver Entity	Lead State Agency	Assessment Process	Final Date for Compliance
Children's Waiver Program	N/A	Prepaid Inpatient Health Plan	Federal Compliance Section, Behavioral Health and Developmental Disabilities Administration	All settings under this waiver are presumed compliant. The Department will not assess settings under this waiver using the survey tools.	All settings under this waiver are presumed compliant.
Children with Serious Emotional Disturbances Waiver	N/A	Prepaid Inpatient Health Plan	Federal Compliance Section, Behavioral Health and Developmental Disabilities Administration	All settings under this waiver are presumed compliant. The Department will not assess settings under this waiver using the survey tools.	All settings under this waiver are presumed compliant.
Habilitation Supports Waiver	Provider Tool, Participant Tool, Prepaid Inpatient Health Plan Tool	Prepaid Inpatient Health Plan	Federal Compliance Section, Behavioral Health and Developmental Disabilities Administration	Initial Sample: Conducted by the Developmental Disabilities Institute starting on April 1 Ongoing Assessments: Conducted by Prepaid Inpatient Health Plans	September 30, 2018
MI Health Link HCBS Waiver	Provider Tool	Integrated Care Organization	Home and Community-Based Services Section, Medical Services Administration	Assessments: Conducted by Integrated Care Organizations Start Date: March 1, 2015	Immediate Compliance
MI Choice Waiver	Provider Tool	MI Choice Waiver Agent	Integrated Care Division, Medical Services	Assessments: Conducted by MI Choice Waiver Agents	September 30, 2018

			Administration	Start Date: April 1, 2015	
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If a provider completes the survey process and is found to be non-compliant with the rule, can the provider come into compliance and continue to provide services?

For the Habilitation Supports Waiver and MI Choice Waiver, the provider will have the opportunity to address any issues identified on the survey and to come into compliance. A provider who is currently out of compliance can work with its waiver entity (such as a MI Choice Waiver agent or Pre-paid Inpatient Health Plan) to address issues and come into compliance. During the transition period, non-compliant settings under the Habilitation Supports Waiver and MI Choice Waiver will be able to continue to provide services to individuals. The transition period will last until September 30, 2018.

Settings under the Children’s Waiver Program and Waiver for Children with Serious Emotional Disturbances are presumed compliant with the final rule.

For the MI Health Link HCBS waiver, settings where individuals live and/or receive MI Health Link HCBS Waiver services must be immediately compliant with the rule. A MI Health Link HCBS waiver participant may not live or receive services in a non-compliant setting. If a provider is currently non-compliant but would like to participate in the MI Health Link HCBS Waiver, the provider can still address issues identified through the survey process and come into compliance. After the setting comes into compliance, it may be used as a setting in which MI Health Link HCBS participants can live and/or receive waiver services.

If an individual enrolls in the MI Health Link Demonstration, what program will be responsible for providing waiver services to the individual?

Individuals who are enrolled in the MI Health Link Demonstration can receive waiver services through the MI Health Link HCBS Waiver or the Habilitation Supports Waiver. An individual can be enrolled in the MI Health Link Demonstration to receive physical health benefits and still receive waiver services under the Habilitation Supports Waiver.

When should an individual who uses waiver services or his or her provider complete the survey tool?

Individuals and providers should only complete the survey tool if they are contacted by one of the following entities:

- The Michigan Department of Health and Human Services
- A MI Choice Waiver Agent
- An Integrated Care Organization
- A Prepaid Inpatient Health Plan
- The Developmental Disabilities Institute of Wayne State University

If an individual needs to complete an assessment of his or her setting, who can help the individual complete this assessment?

An individual may ask family, friends, his or her provider, an advocate, or other individual to assist with completion of the assessment. A family member or other individual who does not have a conflict of interest may assist the individual with completing the assessment if the individual has difficulty expressing his or her desires or wishes.

Where can I find out more about Michigan’s statewide transition plan?

Information about the project is posted on the Michigan Department of Health and Human Services website at www.michigan.gov/mdch. Click on the “Health Care Coverage” tab on the left-hand side of the main page, and

then click on the “Home and Community-Based Services Program Transition” link in the center of the second page. A simplified version of the draft plan is available for your review on the next page.

How can I contact the Michigan Department of Health and Human Services to receive more information?

For more information or if you have additional questions, please send an email to HCBSTransition@michigan.gov

Timeline of Key Dates

November 24, 2014 – December 24, 2014	Public comment on the Statewide Transition Plan.
January 16, 2015	Submission of the Statewide Transition Plan to the Centers for Medicare and Medicaid Services. Stakeholders will receive a copy of the Statewide Transition Plan and consultation summary on this date.
January 30, 2015 – February 20, 2015	Time period for stakeholder review of the draft assessment tools.
March 3, 2015	Release of MI Health Link HCBS Waiver Survey Tools to stakeholders. Start of the assessment process for the MI Health Link HCBS Waiver.
March 27, 2015	Release of the MI Choice Waiver Survey Tools to stakeholders.
April 1, 2015	Start of the assessment process for the MI Choice Waiver.
April 13, 2015	Date for the release of the Habilitation Supports Waiver Survey Tools to stakeholders.
April 1, 2015 – June 30, 2015	Sampling process for the Habilitation Supports Waiver. Please see the Habilitation Supports Waiver Sampling Process Timeline for more information.
TO BE DETERMINED	Start of the ongoing monitoring and assessment process by the Prepaid Inpatient Health Plans for the Habilitation Supports Waiver.
June 1, 2016 – December 31, 2016	Time period for submitting evidence to prove “Home and Community-Based” status. The Centers for Medicare and Medicaid Services identifies certain settings that are “presumed not to be Home and Community-Based.” MDCH can accept and submit evidence from these settings for review and notification of final status determination by the Centers for Medicare and Medicaid Services. MDCH will provide additional details about this process to stakeholders at a later date.
December 1, 2015 – June 30, 2016	Development of the remediation strategy for the MI Choice Waiver and Habilitation Supports Waiver.
October 1, 2016 – September 30, 2018	Remediation process for non-compliant settings. Individual settings must come into compliance with the rule by September 30, 2018.
January 1, 2016 – March 17, 2019	MDCH will be prepared to offer assistance to individuals who would like to transition to a compliant setting.